

MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)

SERIAL NO.
091936024

FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1						
2						
3						
4						
5						
6						
7		5				
8						
9						
10		①				
11	1		1			
12		1				
13			1			
14		2				
15		1				
16		1				
17		①				
18		1				
19		8				
20						
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45						
46						
47						
48						
49						
50						
TOTAL IND.			10			
TOTAL DEP.			3			
TOTAL CLAIMS			13			

*	*	*			
IND.	DEP.	IND.	DEP.	IND.	DEP.
51					
52					
53					
54					
55					
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57					
58					
59					
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94					
95					
96					
97					
98					
99					
100					
TOTAL IND.					
TOTAL DEP.					
TOTAL CLAIMS					

* MAY BE USED FOR ADDITIONAL CLAIMS OR AMENDMENTS

Barbara Campbell
National Stage Processing
(703) 305-3831